

**APPLICANT REFERENCE
FAMILY DAY HOMES
(MODEL FORM)**

(Name of Applicant(s))

(Address)

has applied for a license to provide child care to children at the above address. Please answer the following questions to help the Department of Social Services determine the eligibility of the applicant for licensure.

1. How long have you known the applicant? _____
2. How have you known the applicant?
_____ Friend _____ Relative _____ Neighbor _____ Other: _____

(In answering the following questions, please provide comments or examples).

3. Does the applicant demonstrate:

(a) An understanding of children and their problems.

(b) An ability to relate to children with courtesy, respect, patience, and affection?

(c) An ability to understand and respect the families of children in care?

(d) An ability to handle emergencies with dependability and good judgment?

(e) A motivation to contribute to the children's total development?

4. Do you know of, or have you ever suspected the applicant or his/her family of involvement in child abuse or neglect or any criminal activity?

5. Do you believe the applicant and his/her household members to be responsible and emotionally stable people of good character and reputation

OTHER COMMENTS:

DATE: _____ SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

PHONE: _____